IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PI P.O. Box 19928 Alexandria, Virginia				Attorney Do			r 23 2003
Telephone: (703) 836-	-6400	Date: September 23, 2003 MAIL STOP PATENT APPLICATION					
Facsimile: (703) 836-2	2787		MAIL ST	OP PATEN	T APPL	ICATION	
Customer Number:	NO	NONPROVISIONAL APPLICATION TRANSMITTAL RULE §1.53(b)					
Commissioner for Pater P.O. Box 1450 Alexandria, VA 22313				3	()		.s. PTO
Sir:							916 U 0/667
Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application							03916 10/6
For (Title):	HONEYCOMB STRUCTURE, MANUFACTURING METHOD OF THE STRUCTURE, AND EXHAUST GAS PURIFICATION SYSTEM USING THE STRUCTURE						
By (Inventors):	Shogo HIROSE and Toshio YAMADA						
Use Figure A Declaration as This application (A Preliminary A This patent appl The execute An Information Entitlement to so A Preliminary A Priority of foreig A certified This application the invention di country, or unde	claims benefit of Amendment is atta- ication is assigned ed Assignment is f Disclosure Statem mall entity status is mendment is filed gn application No. copy of the above is NOT to be pub isclosed in this apper a multilateral interal calculated below: PLICATION AFT	ge of Publication. ney is filed herewith. Provisional Application ched to reflect this clair to NGK INSULATOR; iled herewith. ent is filed herewith. s hereby asserted. herewith. 2002-297711 filed Oct corresponding foreign a lished under 35 U.S.C. plication has not been ernational agreement, the	n in the Specifi S, LTD ober 10, 2002 in application is fi 112(b). The un and will not be	cation if not n Japan is cl led herewith ndersigned a be the subject lication at e	aimed (3	5 U.S.C. §11 or agent hereb application fi	by certifies that iled in another iling.
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	<u>OR</u>	RATE	FEE
BASIC FEE				\$ 375	<u>OR</u>		\$ 750
TOTAL CLAIMS	17 - 20	= 0*	x 9=	\$	<u>OR</u>	x 18	\$
INDEP CLAIMS	4 - 3	= 1*	x 42 =	\$	<u>OR</u>	x 84	\$ 84
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 140 =	\$	<u>OR</u>	+ 280	\$
* If the difference is Check No. 1465		ter "0". of \$ <u>834.00</u> to cover the	TOTAL	\$	OR	TOTAL	\$ 834

Check No. 146586 in the amount of \$834.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted

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